SCC eFile	2012 ANNUAL REPORT 212525833 COMMONWEALTH OF VIRGINIA TATE CORPORATION COMMISSION			2525833	
1.) CORPORATION NAME:			DUE DATE: 8	B/31/2012	
ACT, Inc. of Iowa (USED IN VA	BY: ACT, Inc.)				
2.) VA REGISTERED AGENT NAM CORPORATION SERVICE COI	E AND OFFICE ADDRESS:		SCC ID NO:	F1717661	
Bank of America Center, 16th 1111 East Main Street	Floor		5.) STOCK IN	NFORMATION AUTHORIZED	
RICHMOND, VA 23219					
3.) CITY OR COUNTY OF VA REG RICHMOND CITY	STERED OFFICE:				
4.) STATE OR COUNTRY OF INCO	DRPORATION:				
6.) PRINCIPAL OFFICE ADDRESS:					
ADDRESS: 500 AC	T DR				
CITY/ST/ZIP: IOWA CITY, IA 52245					
7.) DIRECTORS AND PRINCIPAL C	DFFICERS: All directors an may be designated	d principal ated as bo	l officers must both a director and	e listed. An individual d an officer.	
		X OFFIC	CER	χ DIRECTOR	
NAME: TITLE:	BELLE S WHEELAN SECRETARY				
ADDRESS:	500 ACT DR				
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245				
NAME.	1011 1111 1171 100 5	χ OFFIC	CER	χ DIRECTOR	
NAME: TITLE:	JON WHITMORE CEO				
ADDRESS:	500 ACT DR				
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245				
		X OFFIC	CER	DIRECTOR	
NAME: TITLE:	THOMAS J. GOEDKEN				
ADDRESS:	CFO 500 ACT DR				
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245				
		OFFIC	CER	χ DIRECTOR	
NAME: TITLE:	DIXIE L. AXLEY				
ADDRESS:	DIRECTOR 500 ACT DR.				
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245				
		OFFIC	CER	χ DIRECTOR	
NAME: TITLE:	JAMES E. BOSTIC JR.				
ADDRESS:	DIRECTOR 500 ACT DR.				
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245				
		OFFIC	CER	X DIRECTOR	
NAME:	SARITA E. BROWN			_ _	
TITLE: ADDRESS:	DIRECTOR 500 ACT DR.				
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL A. COHN DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GRAHAM DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN A. HOLBROOK DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK D MUSICK DIRECTOR 500 ACT DR IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES B. REED DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD W. RILEY DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH A AGUERREBERE DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G ROTHERHAM DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT M BERDAHL DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIVIEN STEWART DIRECTOR 500 ACT DR. IOWA CITY, IA 52245	OFFICER	X DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ THOMAS J. GOEDKEN SIGNATURE OF DIRECTOR/OFFICEF LISTED IN THIS REPORT	TITLE	RPORATE	7/11/2012 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material					

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.